



DUNMAN HIGH SCHOOL
UNIVERSITY OF CAMBRIDGE LOCAL EXAMINATIONS SYNDICATE
General Certificate of Education Advanced Level
Higher 2

YEAR 6 PRELIMINARY EXAMINATION

CANDIDATE
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ENGLISH LANGUAGE AND LINGUISTICS

Paper 1 Analysing Language Use

9727/01

13 September 2017

3 hours

Additional Materials: Writing paper

READ THESE INSTRUCTIONS FIRST

Write your index number and name on all the work you hand in.
Write in dark blue or black pen on both sides of the paper.
Do not use staples, paper clips, highlighters, glue or correction fluid / tape.

Answer **Question 1 (Section A) and Question 2 (Section B)**.

At the end of the examination, **hand in the two responses separately** and ensure the strings are fastened securely.

Both questions carry equal marks.

You are reminded of the need for good English and clear presentation in your answers.

A reference chart of IPA Phonemic Symbols is provided at the end of this Question Paper.

For Examiner's Use	
Section A	/ 25
Section B	/ 25
Total	/ 50

This document consists of **9** printed pages and **1** blank page.

[Turn over

Section A: Analysis

The following texts are on the topic of mental health, in particular, anxiety and depression.

Text A is an article from the website of the Anxiety and Depression Association of America (ADAA). The ADAA is an international non-profit organisation dedicated to education, training and research for mental disorders.

Text B is a transcription of a conversation among people who have gone through struggles on mental health and depression. The conversation was filmed by a non-profit organisation supporting people with mental health issues.

Read both texts, and then complete the following task:

- 1 Compare the linguistic features of Text A and Text B, considering relevant contextual factors.

In your analysis you should make relevant reference to:

- Differences between spoken and written language
- Lexis, grammar and phonology
- How the contexts affect the ways language is used.

[25]

TEXT A

UNDERSTANDING THE FACTS OF ANXIETY DISORDERS AND DEPRESSION IS THE FIRST STEP.

It's a normal part of life to experience occasional anxiety.

But you may experience anxiety that is persistent, seemingly uncontrollable, and overwhelming. If it's an excessive, irrational dread of everyday situations, it can be disabling. When anxiety interferes with daily activities, you may have an anxiety disorder. 5

Anxiety disorders are real, serious medical conditions - just as real and serious as physical disorders such as heart disease or diabetes. Anxiety disorders are the most common and pervasive mental disorders in the United States.

The term "anxiety disorder" refers to specific psychiatric disorders that involve extreme fear or worry, and includes generalized anxiety disorder (GAD), panic disorder and panic attacks, agoraphobia, social anxiety disorder, selective mutism, separation anxiety, and specific phobias. 10

Depression is a condition in which a person feels discouraged, sad, hopeless, unmotivated, or disinterested in life in general for more than two weeks and when the feelings interfere with daily activities. Major depression is a treatable illness that affects the way a person thinks, feels, behaves, and functions. At any point in time, 3 to 5 percent of people suffer from major depression; the lifetime risk is about 17 percent. 15

Facts and Statistics

Anxiety disorders are the most common psychiatric illnesses affecting children and adults. An estimated 40 million American adults suffer from anxiety disorders. Only about one-third of those suffering from an anxiety disorder receive treatment, even though the disorders are highly treatable. 20

Everyday anxiety or an anxiety disorder?

Which is it?

Everyday Anxiety	Anxiety Disorder	25
Worrying about paying the bills, landing a job, a romantic break up or other important life events	Constant and unsubstantiated worry that causes significant distress and interferes with daily life	30
A case of nerves or sweating before a big test, business presentation or a significant event	Seemingly out of the blue panic attacks and the preoccupation with the fear of having another one	
Realistic fear of a dangerous object, place, or situation	Irrational fear or avoidance of an object, place, or situation that poses little to no threat of danger	

TEXT B

- Helen:** nothing's a quick fix (1) it's gonna be a long time but the recovery will come (.) and (2) quick fixes don't work for depression
- Georgina:** it's kind of like when you wanna lose weight isn't it =
- Helen:** = YES =
- Georgina:** = you go on a crash diet you can easily lose whatever but it'll go back on 5
//
- Helen:** it'll go back on (.) yea
- Georgina:** but do it sensibly (.) long period of time (.) you'll maintain
//
- Nathan:** like I said I thought before I started reading 10
about it that medication was (.) to (.) fix to (.) to (.) you know (.) magic pill
//
- Georgina:** mm
//
- Helen:** definitely 15
- Hannah:** and everything'll be ok =
- Nathan:** = yeah (.) the purpose of medication you're right is to make (.) is to balance then you can deal with =
- Helen:** = you can deal with things =
- Nathan:** = yeah 20
//
- Hannah:** = you can be more proactive
- Nathan:** get (.) get to a level that you can just (.) ok (.) then you can go outside (.) and you can (.) run (.) and you can you know (1) just (.) get to work and you can just get that
// 25
- Georgina:** yeah get your butt moving
- Nathan:** [laughter] yes
- Hannah:** but actually (.) actually instead of medication (.) just to you know (.) give it a go(?) (.) I did CBT¹ which I think for me has been the best and (.) the results are still showing like a year and a half later 30
- Georgina:** cause I've just finished a course in CBT so
- Hannah:** mm (1) did you find(?) (.) cause when I was going through I was so cynical about it I thought I don't know what I'm talking about (.) this isn't helping

¹ Cognitive Behavioural Therapy, a psychotherapy treatment to change patterns of thinking or behaviour
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- Georgina:** I liked it cause it seemed (.) it seemed sort of quite practical (.) and things that I could
(.) stop and do 35
//
- Hannah:** yeah
- Nathan:** I've started doing ah photography in the past uh couple of months (.) nothing
professional nothing too (1) great just yet but um (.) having (.) having somewhere to 40
go and for a reason (.) um (.) going for a walk it's for a purpose um and coming back
with something that I can see (.) wow I've did that I saw that (.) for me personally it has
helped me to (.)y'know sort of really find really discover that (1) purpose(?) I
suppose(?)
- Hannah:** //
yeah 45
//
- Helen:** yes

TRANSCRIPTION KEY

(1)	Pause in seconds
(.)	Micro-pause
//	Speech overlap
=	Latch
CAPITALS	To indicate a syllable/word/phrase is said loudly
Underlining	To indicate a stressed sound/syllable
(?)	Questioning intonation
[square brackets]	Paralinguistic features/unintelligible sound

Section B: Adaptive writing and commentary

Texts C, D and E relate to diabetes.

Text C is the abstract of a journal article from The New England Journal of Medicine.

Text D is from the website of the American Diabetes Association.

Text E is from an online forum for adolescents.

2 Read all three texts, and then complete the following tasks:

- (a)** There have been concerns about the rising number of Singaporeans with diabetes. The Ministry of Health has declared war on diabetes and has put in place measures to educate different age groups on the disease.

You have been asked to write an article for a newsletter to be distributed to students (aged 13-18), highlighting the possibility of getting diabetes even for teenagers, and the importance of taking preventive measures from a young age.

Write the article in approximately 300-400 words. Base your write-up on the ideas and references which are contained in Texts C, D and E, adapting them in a way which will be suitable for your purpose and the audience.

and

- (b)** Write an evaluation of approximately 300-400 words of your adaptation for (a). Your evaluation should illustrate significant linguistic differences between your adaptation and Texts C, D and E, by considering
- mode of address to the reader
 - lexical choices
 - grammatical and syntactical cohesion
 - morphology
- and any other relevant linguistic issues.

[25]

TEXT C

Incidence Trends of Type 1 and Type 2 Diabetes among Youths

BACKGROUND

Diagnoses of type 1 and type 2 diabetes in youths present a substantial clinical and public health burden. The prevalence of these diseases increased in the 2002 – 2012 period.

RESULTS

5

A total of 11,245 youths with type 1 diabetes (0 to 19 years of age) and 2846 with type 2 diabetes (10 to 19 years of age) were identified. Overall unadjusted estimated incidence rates of type 1 diabetes increased by 1.4% annually (from 19.5 cases per 100,000 youths per year in 2002–2003 to 21.7 cases per 100,000 youths per year in 2011–2012, $P=0.03$). Overall unadjusted incidence rates of type 2 diabetes increased by 7.1% annually (from 9.0 cases per 100,000 youths per year in 2002–2003 to 12.5 cases per 100,000 youths per year in 2011–2012, $P<0.001$ for trend across race or ethnic group, sex, and age subgroups). After adjustment for age, sex, and race or ethnic group, the relative annual increase in the incidence of type 1 diabetes was 1.8% ($P<0.001$) and that of type 2 diabetes was 4.8% ($P<0.001$).

10

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CONCLUSIONS

The incidences of both type 1 and type 2 diabetes among youths increased significantly in the 2002–2012 period, particularly among youths of minority racial and ethnic groups.

TEXT D

Type 2 Diabetes in Children and Young Adults: A “New Epidemic”

Francine Ratner Kaufman, Specialist and Pediatrician

As the new president of the American Diabetes Association and as a pediatric endocrinologist, I have had the opportunity to appreciate the recent change in the face of type 2 diabetes in the United States. Type 2 diabetes has changed from a disease of our grandparents and parents to a disease of our children. As more and more children and young adults develop this devastating disease, it has become apparent that we have much to learn about who in the pediatric population is at risk to develop type 2 diabetes, why they develop this disease, how to treat it, and, most importantly, how to prevent this “new epidemic” from destroying future generations of Americans.

5

10

There is an opportunity to attempt to prevent type 2 diabetes in youth by addressing the epidemic of childhood obesity. Presently, up to 15–20% of America's teens 12–18 years of age are overweight. This comes to more than 5 million children.

In addition to weight, activity level is also important. Diabetes occurs in children and teens who are inactive. With the sharp rise in computer games and TV-watching and the trend toward abandoning physical education in schools, fewer children are participating in sports. This increase in sedentary lifestyle has contributed to the type 2 diabetes epidemic.

15

It is time for our schools and communities to start to play a role in the prevention of diabetes in children. Schools have to focus on increasing children's physical activity by re-instituting vigorous physical education programs for all children and in all grades.

20

Nutrition counselling needs to be available in school so that children understand the importance of healthy eating. The selling of candy and sugar-containing drinks in schools must be forbidden. Fast foods loaded with calories and fat must not be available in school settings. Every food item sold in school must meet a minimum nutritional requirement that will ensure that it is good for children. We must put the health and welfare of our children above the financial benefits accrued by selling junk food in school. 25

We are in the midst of an epidemic. There is a role for each of us in helping to put an end to the rise of this devastating disease in children.

TEXT E

Aged 16 and looking for people to talk to:)

Discussion in '[Children & Teens](#)' started by [diabetic0312](#), Oct 28, 2016.

Hello my name is mohamoud I'm from the UAE, I was diagnosed with type1 diabetes 2 years ago since now I still didn't understand how to manage my diabetes, its been hard for me to be able to gain weight, I can't maintain my diabetes , my sugar goes like a rollercoaster and then suddenly it drops down, I have no friends who are diabetic that live near me or do I know , so I was just wondering if any of ya can help me out and give me some tips to mange diabetes 5

Hi Mohamoud - Welcome to the forum. I'm a T2, so my personal experience isn't most relevant to you, but hopefully over the course of the day you'll have plenty of helpful responses. 10

Many people seem to find they are able to grasp control of their blood sugars and insulin doses over time, but it does need a lot of work. Do you record what you eat, and how much insulin you take? That can certainly help identify where some of the highs and lows might be coming from. It's also useful to record when you play sport or exercise as that too can have an impact. I find looking back on notes made at the time much more helpful than trying to remember what I ate several days ago, never mind having to recall what medication I might have taken at the same time. 15

I appreciate it is such a lot to get our heads around at the beginning, but what is the main thing that concerns you? 20

Diabella

Hey ! Get involved in sports! I managed to do 16 hours swimming a week and I did have lots and lots of weeks at 100% done and my diabetes fine with it! Make no mistake it's hard work and it's not always gonna be an easy path, but my advice would be let nothing get in the way of you doing what you want to do. If you want to play a sport or do something then find a way to do it, I was told when I was 15 that I would never be able to swim that much and I managed to prove them wrong so it is doable!!! I've done masses of sport so if you have a question about a particular sport let me know, also runsweet.com has super good 25

advice 😊👍
Izzy 30

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REFERENCE TABLE OF IPA PHONEMIC SYMBOLS (RP)

1. Consonants of English		2. Pure vowels of English	
/ f /	f <u>a</u> t, rou <u>gh</u>	/ ɪ ː /	be <u>a</u> t, kee <u>p</u>
/ v /	v <u>e</u> ry, v <u>i</u> llage, lo <u>v</u> e	/ ɪ /	b <u>i</u> t, t <u>i</u> p, bu <u>s</u> y
/ θ /	th <u>e</u> atre, th <u>a</u> nk, ath <u>l</u> ete	/ e /	b <u>e</u> t, m <u>a</u> ny
/ ð /	th <u>i</u> s, th <u>e</u> m, w <u>i</u> th, e <u>i</u> ther	/ æ /	b <u>a</u> t
/ s /	s <u>i</u> ng, th <u>i</u> nk <u>s</u> , lo <u>s</u> ses	/ ʌ /	c <u>u</u> p, s <u>o</u> n, bl <u>o</u> od
/ z /	z <u>o</u> o, be <u>d</u> s, ea <u>s</u> y	/ ɑ ː /	c <u>a</u> r, h <u>e</u> art, c <u>a</u> lm, <u>a</u> unt
/ ʃ /	s <u>u</u> gar, bu <u>sh</u>	/ ɐ /	p <u>o</u> t, w <u>a</u> nt
/ ʒ /	pleas <u>u</u> re, be <u>i</u> ge	/ ɔ ː /	p <u>o</u> rt, s <u>a</u> w, t <u>a</u> lk
/ h /	h <u>i</u> gh, h <u>i</u> t, be <u>h</u> ind	/ ə /	<u>a</u> bout
/ p /	p <u>i</u> t, t <u>o</u> p, sp <u>i</u> t	/ ɜ ː /	w <u>o</u> rd, b <u>i</u> rd
/ t /	t <u>i</u> p, p <u>o</u> t, st <u>ee</u> p	/ ʊ /	b <u>o</u> ok, w <u>oo</u> d, p <u>u</u> t
/ k /	k <u>ee</u> p, t <u>i</u> ck, sc <u>a</u> re	/ u ː /	f <u>oo</u> d, s <u>ou</u> p, r <u>u</u> de
/ b /	b <u>a</u> d, ru <u>b</u>		
/ d /	b <u>a</u> d, d <u>i</u> m	3. Diphthongs of English	
/ g /	g <u>u</u> n, b <u>i</u> g		
/ tʃ /	ch <u>u</u> rch, l <u>u</u> nc <u>h</u>	/ eɪ /	l <u>a</u> te, d <u>a</u> y, gr <u>ea</u> t
/ dʒ /	j <u>u</u> dge, g <u>i</u> n, j <u>u</u> ry	/ aɪ /	t <u>i</u> me, h <u>i</u> gh, d <u>ie</u>
/ m /	m <u>a</u> d, j <u>a</u> m, s <u>ma</u> ll	/ ɔɪ /	b <u>oy</u> , n <u>oi</u> se,
/ n /	m <u>a</u> n, n <u>o</u> , s <u>no</u> w	/ aʊ /	c <u>ow</u> , h <u>ou</u> se, t <u>ow</u> n
/ ŋ /	s <u>i</u> ng <u>er</u> , l <u>ong</u>	/ əʊ /	b <u>oa</u> t, h <u>ome</u> , kn <u>ow</u>
/ l /	l <u>ou</u> d, k <u>i</u> ll, p <u>la</u> y	/ ɪə /	<u>ear</u> , h <u>ere</u>
/ j /	y <u>ou</u> , p <u>ure</u>	/ eə /	<u>air</u> , c <u>are</u> , ch <u>air</u>
/ w /	<u>one</u> , w <u>hen</u> , s <u>weet</u>	/ ʊə /	j <u>ury</u> , c <u>ure</u>
/ r /	r <u>i</u> m, br <u>ea</u> d		

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